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ON PREMISES LICENSE RENEWAL APPLICATION

		CITY OR TOWN RANDO	21 11
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
C	CLASS		YEAR
LICENSEE NAME: ALLIED VETS.OF WW II C	F RANDOL	PH INC. THE	
DOING BUSINESS A			
ADDRESS AMVETS LANE			
CITY/TOWN: RANDOLPH STAT	TE: MA	ZIP CODE: 02368	
MANAGER: DOUCETTE, TYPE OF LICKENNETH R.	CENSE:Club	CATEGORY	: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSITE AND E	NTER YOUR EMA	IL ADDRESS	
DESCRIPTION OF LICENSED PREMISES:			
TWO ENT/EXITS REAR. ENT/EXIT ON SECON THIRD FLOOR VIA FIRE ESCAPE. 1ST FLR; KI TOILETS,GAME ROOM. 2ND FLR;MEETING R FLR;MEETING AND STORAGE. CELLAR FOR	TCHEN, 2 C OOM,GAME	OFFICES, LOUNGE, 3 E ROOM, ADJ ROOM, TOII	
I hereby certify and swear under penalties of perjury	y that:		
1. the renewed license will be of the same t	ype for the sa	ame premises now licensed;	
2. the licensee has complied with all laws of	of the Commo	onwealth relating to taxes; and	1
3. the premises are now open for business (If not explain	n below)	
SIGNED BY: Individual, Partner or Author	rized Corpora	ate Officer	
DATE: TELEPHONE NUMB	ER:	EMPLOYER IDENTIFICA	
		(Note: NOT Individual Social	Security Number)
	sion (1) the c	certificate required by Chai	4 204 641
We the undersigned, attest that we are in posses Acts of 2004, signed by the building inspector ar license and (2) the certificate of liquor liability in	nd the head o	of the fire department for th	e above named
Acts of 2004, signed by the building inspector ar license and (2) the certificate of liquor liability in Please Check Below:	nd the head o	of the fire department for th	ne above named e Acts of 2010.
Acts of 2004, signed by the building inspector ar license and (2) the certificate of liquor liability in Please Check Below: APPROVED:	nd the head o	of the fire department for the puired by Chapter 116 of the	ne above named e Acts of 2010.
Acts of 2004, signed by the building inspector ar license and (2) the certificate of liquor liability in Please Check Below: APPROVED: DISAPPROVED:	nd the head o	of the fire department for the puired by Chapter 116 of the LOCAL LICENSING AUT	ne above named e Acts of 2010.
Acts of 2004, signed by the building inspector ar license and (2) the certificate of liquor liability in Please Check Below: APPROVED:	nd the head o	of the fire department for the puired by Chapter 116 of the LOCAL LICENSING AUT	ne above named e Acts of 2010.
Acts of 2004, signed by the building inspector ar license and (2) the certificate of liquor liability in Please Check Below: APPROVED: DISAPPROVED:	nd the head o	of the fire department for the puired by Chapter 116 of the LOCAL LICENSING AUT	ne above named e Acts of 2010.



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	IBER: 100800002		CITY OR TOWN RANDO	DLPH
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAI	ME: LOMBARDO	O'S OF RANDOLPH INC		
DOING BUSIN	ESS A			
ADDRESS 6 BI	LLINGS ST.			
CITY/TOWN:	RANDOLPH	STATE: MA	ZIP CODE: 02368	
MANAGER: I	LOMBARDO, VINCENT J.	TYPE OF LICENSE: Re	estaurant CATEGOR	Y: All Alcohol
EMAIL ADDRE	ESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION	OF LICENSED PR	REMISES:		
STORAGE ROO	OM,KITCHEN,OFI LR; 3 FUNCTION	FICE,COATROOMS,2 TO	OM,BANQUET ROOM, LIQU DILET ROOMS,ENTRANCE A OOMS,KITCHEN,2 TOILET	AND
I hereby certify a	and swear under per	nalties of perjury that:		
1. the re	enewed license will	be of the same type for the	e same premises now licensed;	
2. the li	censee has complie	d with all laws of the Com	monwealth relating to taxes; ar	nd
3. the pr	remises are now op	en for business (If not exp	lain below)	
SIGNED BY:	Individual, P	artner or Authorized Corp	oorate Officer	
DATE:			EMPLOYED IDENTIFIE	
DATE.	TELE	PHONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Soci	
			· · · · · · · · · · · · · · · · · · ·	
Acts of 2004, si	igned by the buildi	ng inspector and the hea	ne certificate required by Cha nd of the fire department for t required by Chapter 116 of t	the above named
Please Check Below	<u>v:</u>		LOCAL LICENSING AUT	THORITY
APPROVED:			By:	
DISAPPROVEI (If disapproved of				
(11 disappioved t	Capiani)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 100800004		CITY OR TOWN	RANDOLP	H
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 320 CEN		INC.			
			ZID CODE.	02269	
CITY/TOWN: RAI		STATE: MA	ZIP CODE:	02368	
	RLITIS, TYP NCIS	PE OF LICENSE:Res	taurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR EM	IAIL ADDRESS		
	LICENSED PREMIS				
FIRST FLOOR, 2 R STORAGE	OOMS, ONE FOR SA	ALES AND ONE FO	R KITCHEN. BAS	EMENT FO	₹
3. the premi	Individual, Partner	business (If not expla			
DATE:	TELEPHON	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Inc		TON NUMBER: ecurity Number)
Acts of 2004, signe	d, attest that we are d by the building ins certificate of liquor l	spector and the head	of the fire depart	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	100800005		CITY OR TOWN	RANDOLF	'H
APPLICATION FOR	RENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 61 DIAUT	A	2			
CITY/TOWN: RAN		STATE: MA	ZIP CODE:	02368	
MANAGER: CHIN	, KEPING TYP	E OF LICENSE:Res	staurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EN	MAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMIS	ES:			
ONE FLOOR, ENTRA INGRESS/EGRESS V SIDE OF INGRESS/E	VAYS IN FRONT O				
I hereby certify and sv	vear under penalties	of perjury that:			
1. the renewe	d license will be of the	he same type for the	same premises nov	w licensed;	
2. the licenses	e has complied with	all laws of the Comr	nonwealth relating	to taxes; and	
3. the premise	es are now open for b	ousiness (If not expla	ain below)		
SIGNED BY:	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:	TELEPHONI	E NUMBER:	EMPLOYE	ER IDENTIFICAT	TION NUMBER:
			(Note: NOT In	ndividual Social S	ecurity Number)
We the undersigned Acts of 2004, signed license and (2) the co	by the building insp	pector and the head	d of the fire depar	tment for the	above named
Please Check Below:			LOCAL LICEN	SING AUTHO	ORITY
APPROVED:	\neg		By:		
DISAPPROVED: (If disapproved explain					
(ii disappioved explai	11)				
D. 1 1111					
DATE:			-		
APPLICATION FOR RENEWA	AL MUST BE FILED BY LIC	CENSEES DURING THE M	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16	6A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100800006	CITY OR TOWN	RANDOLPH	
APPLICATION FOR RENEWAL: Annual	LICEN	SED FOR 2013	3
CLASS	S	Y	EAR
LICENSEE NAME: DISABLED AMER.VETS.BLDG.	CORP.		
DOING BUSINESS A			
ADDRESS 490 HIGH ST.			
CITY/TOWN: RANDOLPH STATE: 1	MA ZIP CODE:	02368	
MANAGER: Wells, Richard W TYPE OF LICENSI	E:Club C.	ATEGORY: A	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YO	OUR EMAIL ADDRESS		
DESCRIPTION OF LICENSED PREMISES:			
ONE FLOOR STRUCTURE, ASSEMBLY AREA AND MENS ROOM AND KITCHEN IN CELLAR	BAR ON FIRST FLOOF	R. LADIES RO	OM,
I hereby certify and swear under penalties of perjury that:			
1. the renewed license will be of the same type for	or the same premises now	licensed;	
2. the licensee has complied with all laws of the G	Commonwealth relating t	o taxes; and	
3. the premises are now open for business (If not	explain below)		
SIGNED BY:			
SIGNED BY: Individual, Partner or Authorized C	Corporate Officer		
	Corporate Officer		
Individual, Partner or Authorized C			
	EMPLOYE	R IDENTIFICATIO	
Individual, Partner or Authorized C	EMPLOYE	R IDENTIFICATIO	
DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession (EMPLOYEI (Note: <u>NOT</u> Inc 1) the certificate requir	lividual Social Secu	304 of the
Individual, Partner or Authorized Control of	EMPLOYEI (Note: <u>NOT</u> Inc 1) the certificate requir head of the fire depart	lividual Social Secu ed by Chapter ment for the ak	304 of the pove named
DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession (Acts of 2004, signed by the building inspector and the	EMPLOYEI (Note: <u>NOT</u> Inc 1) the certificate requir head of the fire depart	lividual Social Secu ed by Chapter ment for the ak r 116 of the Ac	304 of the cove named cts of 2010.
DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession (Acts of 2004, signed by the building inspector and the license and (2) the certificate of liquor liability insurant please Check Below: APPROVED:	EMPLOYEI (Note: <u>NOT</u> Inc. 1) the certificate requir head of the fire departs once required by Chapte	lividual Social Secu ed by Chapter ment for the ak r 116 of the Ac	304 of the cove named cts of 2010.
DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession (Acts of 2004, signed by the building inspector and the license and (2) the certificate of liquor liability insurant Please Check Below: APPROVED: DISAPPROVED:	EMPLOYEI (Note: NOT Inc. 1) the certificate requir head of the fire departs nce required by Chapte LOCAL LICENS	lividual Social Secu ed by Chapter ment for the ak r 116 of the Ac	304 of the cove named cts of 2010.
DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession (Acts of 2004, signed by the building inspector and the license and (2) the certificate of liquor liability insurant please Check Below: APPROVED:	EMPLOYEI (Note: NOT Inc. 1) the certificate requir head of the fire departs nce required by Chapte LOCAL LICENS	lividual Social Secu ed by Chapter ment for the ak r 116 of the Ac	304 of the cove named cts of 2010.
DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession (Acts of 2004, signed by the building inspector and the license and (2) the certificate of liquor liability insurant Please Check Below: APPROVED: DISAPPROVED:	EMPLOYEI (Note: NOT Inc. 1) the certificate requir head of the fire departs nce required by Chapte LOCAL LICENS	lividual Social Secu ed by Chapter ment for the ak r 116 of the Ac	304 of the cove named cts of 2010.



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 100800009		CITY OR TOWN	RANDOLP	PH
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	RANDOLPH	COUNTRY CLUB INC.			
DOING BUSINESS	S A				
ADDRESS 44 MAZ	ZZEO DRIVE				
CITY/TOWN: RA	NDOLPH	STATE: MA	ZIP CODE:	02368	
MANAGER: BAZ	ZILE, J.EDDY	TYPE OF LICENSE:Clu	b Ca	ATEGORY:	All Alcohol
EMAIL ADDRESS					
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION OF	LICENSED PRI	EMISES:			
	ises are now oper	with all laws of the Comm n for business (If not explanation) rtner or Authorized Corpo	nin below)	o taxes, and	
	inoi vidadi, i d	ruier of Frautorized Corpo			
DATE:	TELEPI	HONE NUMBER:	EMPLOYEF (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Acts of 2004, signe	ed by the buildin	e are in possession (1) the g inspector and the head uor liability insurance r	l of the fire departi	ment for the	above named
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: [If disapproved expl	ain)				
(ii disapproved expi	(a111)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 100800010		CITY OR TOWN	RANDOLPI	Н
APPLICATION FO	R RENEWAL:	Annual	LICENS	SED FOR 20	13
		CLASS		•	YEAR
LICENSEE NAME:	NOT YOUR AVE	RAGE JOE'S-RANI	OOLPH L.L.C.		
DOING BUSINESS	A				
ADDRESS 014-16 1	MAZZEO DRIVE				
CITY/TOWN: RAI	NDOLPH	STATE: MA	ZIP CODE:	02368	
MANAGER: LOV	EJOY, LARRY TYP	PE OF LICENSE: Re	estaurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR I	EMAIL ADDRESS		
	LICENSED PREMIS				
ONE FLOOR, TWO	DINING ROOMS, O	ONE LOUNGE, ON	IE KITCHEN.		
	swear under penalties wed license will be of		e same premises now	licensed;	
2. the licens	see has complied with	all laws of the Com	monwealth relating to	taxes; and	
3. the premi	ises are now open for	business (If not exp	lain below)		
SIGNED BY:	Individual, Partner	or Authorized Corp	oorate Officer		
DATE:	TEI EPHON	E NUMBER:	EMPLOYER	IDENTIFICATI	ON NUMBER:
	TEEEI IIOIV	E NOMBER.	(Note: NOT Ind	ividual Social Se	curity Number)
We the undersigne	d. attest that we are	in possession (1) th	ne certificate require	ed by Chapte	r 304 of the
Acts of 2004, signe	d by the building ins	spector and the hea	d of the fire departn	nent for the a	above named
license and (2) the	certificate of fiquor	liability insurance	required by Chapter	r 116 of the A	Acts of 2010.
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED: DISAPPROVED:			By:		
(If disapproved expl	ain)				
	•				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 100800012		CITY OR TOW	IN KANDOLI	TH.
APPLICATION FO	R RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	: O'DEE'S OF RAN	NDOLPH INC.			
DOING BUSINESS	S A O'DONNELL'S	RESTAURANT			
ADDRESS 1048 NO	O. MAIN ST.				
CITY/TOWN: RA	NDOLPH	STATE: MA	ZIP CODE:	02368	
	ONNELL, TY BERT K.	PE OF LICENSE: Res	taurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREM	ISES:			
ADD EXTERIOR I	DECK.				
	swear under penaltie				
		f the same type for the	•		
	=	th all laws of the Comm		ig to taxes; and	
3. the prem	ises are now open fo	r business (If not expla	in below)		
SIGNED BY:					
	Individual, Partne	er or Authorized Corpo	rate Officer		
DATE:	TELEPHO	NE NUMBER:		YER IDENTIFICAT	
			(Note: NOT	Individual Social S	Security Number)
		re in possession (1) the aspector and the head			
, 0	· ·	r liability insurance re	_		
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	lain)		-		
DATE:					
DAID.					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	K: 100800014		CITY OR TOWN	KANDULP	п
APPLICATION FO	R RENEWAL:	Annual	LICEN	NSED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	PAPANTONIADIS	S RANDOLPH INC.			
DOING BUSINESS	A STASH'S BAR &	GRILL			
ADDRESS 1160 NO	ORTH MAIN				
CITY/TOWN: RAI	NDOLPH	STATE: MA	ZIP CODE:	02368	
MANAGER: LOU TAS	IS TYPI IOPOULOS	PE OF LICENSE: Res	taurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMIS	SES:			
 the renew the licens 	swear under penalties wed license will be of see has complied with ises are now open for	the same type for the all laws of the Comm	nonwealth relating		
SIGNED BY:	Individual, Partner	or Authorized Corpo	rate Officer		
DATE:	TELEPHON	E NUMBER:		ER IDENTIFICAT	
Acts of 2004, signe	ed, attest that we are d by the building ins certificate of liquor	spector and the head	of the fire depart	tment for the	above named
Please Check Below:			LOCAL LICEN	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved expl	 ain)				
(II disupproved expir	····/				
					_
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 100800015		CITY OR TOWN	RANDOLP	PH
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	RATTANA CORPOR	RATION			
DOING BUSINESS	A MALAI THAI CUIS	SINE			
ADDRESS 266 NO	RTH MAIN ST.				
CITY/TOWN: RA	NDOLPH	STATE: MA	ZIP CODE:	02368	
	THOULIVONGTYPE UNTHAVY	OF LICENSE: Re	staurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR E	MAIL ADDRESS		
	LICENSED PREMISE				
	RICK BLDG WITH FU ND KITCHEN; BASEM				TS,
I hereby certify and	swear under penalties of	perjury that:			
	ved license will be of the	* -	•		
2. the licens	see has complied with al	l laws of the Com	nonwealth relating to	taxes; and	
3. the premi	ises are now open for bu	siness (If not expl	ain below)		
SIGNED BY:	Individual, Partner or	· Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Acts of 2004, signe	d, attest that we are in d by the building inspe certificate of liquor lia	ector and the hea	d of the fire departr	nent for the	above named
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:	-:				
(If disapproved expl	aiii)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	2K: 100800016		CITY OR TOV	VN KANDOL	гп
APPLICATION FO	OR RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME	E: TAD BONVIE	& ASSOCIATES, INC	2.		
DOING BUSINES	S A HEARTH ST	ONE/ EXCHANGE			
ADDRESS 326 NO	ORTH MAIN ST.				
CITY/TOWN: RA	ANDOLPH	STATE: MA	ZIP CODE	: 02368	
MANAGER: BO	NVIE, TAD J.	TYPE OF LICENSE:R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION O	F LICENSED PRE	EMISES:			
ONE FLOOR, TW	O ROOMS, SIDE	AND REAR ENTRAN	CES		
I hereby certify and	l swear under pena	lties of perjury that:			
1. the rene	wed license will be	e of the same type for the	ne same premises i	now licensed;	
2. the licer	isee has complied	with all laws of the Cor	nmonwealth relati	ng to taxes; and	
3. the pren	nises are now open	for business (If not exp	olain below)		
SIGNED BY:					
	Individual, Par	tner or Authorized Cor	porate Officer		
DATE:	TELEPH	HONE NUMBER:	EMPLO	YER IDENTIFICA	TION NUMBER:
	IBBEIT	ion Enterniber.	(Note: NOT	Individual Social	Security Number)
		are in possession (1) t g inspector and the he			
		uor liability insurance			
Please Check Below:			LOCAL LICE	ENSING AUTH	OPITV
APPROVED:]		By:	ANSING ACTI	OKITT
DISAPPROVED:			By.		
(If disapproved exp	olain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1008	800017		CITY OR TOW	N KANDULI	П
APPLICATION FOR REN	IEWAL:	Annual	LICI	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: MPC	G RANDOLPH LLC				
DOING BUSINESS A PIC	CCADILLY PUB R	ESTAURANT			
ADDRESS 1064 NORTH	MAIN ST.				
CITY/TOWN: RANDOL	PH S	STATE: MA	ZIP CODE:	02368	
MANAGER: Fallon, Sha	ıwn TYPE OI	F LICENSE: Res	taurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEASE	ALSO VISIT OUR WEBSITE	AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF LICEN	NSED PREMISES:				
FROM RANDOLPH PICO	CADILLY PUB INC	C.MGR			
I hereby certify and swear to	under penalties of pe	erjury that:			
1. the renewed lice	ense will be of the sa	ame type for the	same premises n	ow licensed;	
2. the licensee has	complied with all la	nws of the Comn	nonwealth relatin	g to taxes; and	
3. the premises are	e now open for busin	ness (If not expla	in below)		
SIGNED BY:					
Indi	ividual, Partner or A	uthorized Corpo	rate Officer		
DATE:	TELEPHONE NU	JMBER:	EMPLO	YER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT	Individual Social S	Security Number)
We the undersigned, atte Acts of 2004, signed by the					
license and (2) the certific					
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:			-		
(If disapproved explain)			-		
			-		
DATE					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 100800018		CITY OR TOWN	RANDOLPH
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
	LASCALA RESTAU A ROBERT CAPAR			YEAR
ADDRESS 1070 NO	ORTH MAIN ST.			
CITY/TOWN: RAI	NDOLPH	STATE: MA	ZIP CODE:	02368
	ARELLA, TYPI ERT	E OF LICENSE: Res	staurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEE		MAIL ADDRESS	
	LICENSED PREMISI			APPEAR DA GENTANT
	TCHEN, DINING RN IOR DECK ON SOU'			OFFICE, BASEMENT:
 the renew the licens 	wear under penalties of red license will be of the ee has complied with a ses are now open for b	ne same type for the all laws of the Comr	nonwealth relating to	
	Individual, Partner of	or Authorized Corpo	orate Officer	
DATE:	TELEPHONE	E NUMBER:		L IDENTIFICATION NUMBER: ividual Social Security Number)
Acts of 2004, signe	d by the building insp	ector and the head	l of the fire departı	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)		LOCAL LICENS By:	ING AUTHORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

	CITY OR TOWN RANDOL	LPH .
Annual	LICENSED FOR 2	2013
CLASS		YEAR
HTS LLC		
S RESTAURANT		
STATE: MA	ZIP CODE: 02368	
TYPE OF LICENSE: Innh	nolder CATEGORY	: All Alcohol
R WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
LOUNGE,MEETING R R VIA ROOM SERVICE	OOMS,DINING ROOM, POO	DL DECK
ties of perjury that:		
of the same type for the	same premises now licensed;	
	•	I
for business (If not expla	in below)	
ner or Authorized Corpo	rate Officer	
ONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
inspector and the head	of the fire department for th	e above named
	LOCAL LICENSING AUTH	HORITY
	By:	
	Annual CLASS SHTS LLC S RESTAURANT STATE: MA TYPE OF LICENSE: Innh R WEBSITE AND ENTER YOUR EM MISES: ON FIRST FLOOR. 41 C LOUNGE, MEETING R R VIA ROOM SERVICE S. ties of perjury that: of the same type for the s with all laws of the Comm for business (If not expla The inspector and the head	Annual CLASS CHTS LLC SRESTAURANT STATE: MA ZIP CODE: 02368 CYPE OF LICENSE: Innholder CATEGORY RWEBSITE AND ENTER YOUR EMAIL ADDRESS MISES: ON FIRST FLOOR. 41 ON 2ND AND 3RD FLRS. 42.4 LOUNGE, MEETING ROOMS, DINING ROOM, POCR VIA ROOM SERVICE. ENTRANCE AND EXITS CS. ties of perjury that: of the same type for the same premises now licensed; with all laws of the Commonwealth relating to taxes; and for business (If not explain below) mer or Authorized Corporate Officer ONE NUMBER: EMPLOYER IDENTIFICATION (Note: NOT Individual Social are in possession (1) the certificate required by Chapter 116 of the lor liability insurance required by Chapter 116 of the LOCAL LICENSING AUTHORS (LICENSING AUTHORS)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100800020		CITY OR TOWN	RANDOLPH
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: LANTANA,	LLC		
DOING BUSINESS A			
ADDRESS 43 SCANLON DRIVE			
CITY/TOWN: RANDOLPH	STATE: MA	ZIP CODE:	02368
MANAGER: HART, PAUL C.	TYPE OF LICENSE: Re	estaurant C.	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION OF LICENSED PR	EMISES:		
2 FLRS BASEMENT & STREET F COCKTAIL LOUNGE,, OFFICE, C FUNCTION RMS, 3 BRIDAL RMS THE FOUNTAIN AREA & SIDE I	COURTROOM, KITCHE S.MEN'S & LDIES RMS,	N, LOBBY, BASEM LOUNGE &STORA	IENT ;LOBBY,2
I hereby certify and swear under pen	alties of perjury that:		
1. the renewed license will	be of the same type for the	e same premises now	licensed;
2. the licensee has complied		_	o taxes; and
3. the premises are now ope	en for business (If not exp	lain below)	
SIGNED BY: Individual, Pa	artner or Authorized Corp	orate Officer	
DATE: TELEP	HONE NUMBER:	EMPLOYE	R IDENTIFICATION NUMBER:
		(Note: NOT Inc	dividual Social Security Number)
We the undersigned, attest that w Acts of 2004, signed by the building license and (2) the certificate of license.	ng inspector and the hea	d of the fire depart	ment for the above named
Please Check Below:		LOCAL LICENS	SING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
		•	
(If disapproved explain)			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 100800021		CITY OR	TOWN	RANDOLP	PH
APPLICATIO	N FOR RENEWAL:	Annual		LICEN	SED FOR 20)13
		CLASS				YEAR
LICENSEE NA	AME: RANDOLPH	I LODGE #2130 OF THE	B.P.O.E.OI	F ELKS		
DOING BUSI	NESS A					
ADDRESS 21	SCHOOL ST.					
CITY/TOWN:	RANDOLPH	STATE: MA	ZIP C	CODE:	02368	
MANAGER:	TOWNE, CYNTHIA G.	TYPE OF LICENSE: CI	ub	C	ATEGORY:	All Alcohol
EMAIL ADDI	RESS:]
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	S		_
	N OF LICENSED PI	REMISES:				
ONE FLOOR,						
-	-	nalties of perjury that:				
		be of the same type for the	-			
	•	d with all laws of the Com		relating t	o taxes; and	
3. the	premises are now op	en for business (If not exp	lain below)			
SIGNED BY:		Partner or Authorized Corp	oroto Office			
	marviduai, F	artiler of Authorized Corp	orate Office	51		
DATE:				N ADI OME		
DATE.	TELE	PHONE NUMBER:				TION NUMBER: ecurity Number)
			(1,01 III	arviduar Boolar B	cearity (valider)
		ve are in possession (1) tl				
		ing inspector and the hea iquor liability insurance				
Please Check Belo				_	SING AUTHO	
APPROVED:			By:	LICEN	SING AUTIN	JKIT I
DISAPPROVI	ED:		Dj.			
(If disapproved	d explain)					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100	1800023		CITY OR TOV	IN KANDOLI	т
APPLICATION FOR REI	NEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: C &	z J CUISINE,INC.				
DOING BUSINESS A C	& J CUISINE				
ADDRESS 183 SO. MAII	N ST.				
CITY/TOWN: RANDOI	LPH S	STATE: MA	ZIP CODE	02368	
MANAGER: ZHING, B	IYUN TYPE O	F LICENSE: Rest	aurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEASI	E ALSO VISIT OUR WEBSITE	AND ENTER YOUR EMA	AIL ADDRESS		_
DESCRIPTION OF LICE	NSED PREMISES:				
BASEMENT,FIRST AND MENS ROOMS, 2 SIDE I				UNGE, LADIES	S AND
I hereby certify and swear	under penalties of po	erjury that:			
1. the renewed lic	cense will be of the sa	ame type for the s	same premises r	ow licensed;	
2. the licensee has	s complied with all la	aws of the Comm	onwealth relatii	ng to taxes; and	
3. the premises ar	e now open for busir	ness (If not explai	n below)		
SIGNED BY:					
Ind	lividual, Partner or A	uthorized Corpor	ate Officer		
DATE:	TELEPHONE NU	JMBER:	EMPLO	YER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT	Individual Social S	Security Number)
We the undersigned, att	est that we are in n	occassion (1) tha	cartificata rad	uired by Chant	or 301 of the
Acts of 2004, signed by t					
license and (2) the certif	icate of liquor liabil	lity insurance re	quired by Cha	pter 116 of the	Acts of 2010.
Please Check Below:			LOCAL LICE	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)					
D. A. TITE					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	100800034		CITY OR TO	WN KANDOL	гп
APPLICATION FOR	RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	SOUTH ARTERY	LIQUORS, INC.			
DOING BUSINESS A	A COLONIAL SHO	OP & SAVE			
ADDRESS 907 NOR	ТН ST.				
CITY/TOWN: RAN	DOLPH	STATE: MA	ZIP CODI	E: 02368	
MANAGER: HALL	, ROBERT J. TY	PE OF LICENSE: Pa	ickage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF L	ICENSED PREMI	SES:			
SINGLE STORE, ON EXIT ONTO NORTH			FOR STORAG	E. ONE ENTRA	NCE AND
I hereby certify and sv	vear under penalties	s of perjury that:			
1. the renewe	d license will be of	the same type for the	e same premises	now licensed;	
2. the license	e has complied with	n all laws of the Com	monwealth relat	ing to taxes; and	
3. the premise	es are now open for	business (If not exp	lain below)		
SIGNED BY:					
	Individual, Partner	r or Authorized Corp	orate Officer		
DATE:					
DATE:	TELEPHON	NE NUMBER:		OYER IDENTIFICATION $f T$ Individual Social $f S$	
			(11010. <u>110</u>	I marviduai sociai i	security (valider)
Please Check Below: APPROVED:				ENSING AUTH	ORITY
DISAPPROVED:			Ву:		
(If disapproved explain	n)				
DATE					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	100800036		CITY OR TOWN	RANDOLPI	H			
APPLICATION FOR I	RENEWAL:	Annual	LICENSED FOR 2013					
		CLASS		3	YEAR			
LICENSEE NAME: J	JODAN LIQUORS INC	2.						
DOING BUSINESS A	RANDOLPH PACKA	GE STORE						
ADDRESS 42-54 N. N	MAIN ST.							
CITY/TOWN: RAND	OOLPH S	STATE: MA	ZIP CODE:	02368				
MANAGER: FERNA DANIE		F LICENSE: Pack	cage Store CA	ATEGORY:	All Alcohol			
EMAIL ADDRESS:								
PLI	EASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR EMA	AIL ADDRESS					
DESCRIPTION OF LI	CENSED PREMISES:							
	ENTRANCE AND EXI LOWER FOR SALES		RS. UPPER FLOOI	RS, UPPER F	OR			
2. the licensee	I license will be of the see has complied with all less are now open for busing	aws of the Comm	onwealth relating to					
SIGNED BY:	Individual, Partner or A	uthorized Corpor	ate Officer					
DATE:	TELEPHONE N	JMBER:	EMPLOYER (Note: <u>NOT</u> Indi	IDENTIFICATI				
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain] n)		LOCAL LICENS By:	ING AUTHO	RITY			
11 1 "	•							
DATE:								



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	100800037	CITYO	R IOWN RANDOL	ИП
APPLICATION FOR	RENEWAL: Ann	ual	LICENSED FOR 2	2013
	CL	ASS		YEAR
	DHRUVA & DIL CORPORAT CROVO'S LIQUORS	ION		
		MA ZID	CODE: 02260	
CITY/TOWN: RANI			CODE: 02368	
MANAGER: PATEI P.	L, PRAKASH TYPE OF LICE	VSE:Package Stor	re CATEGORY:	: All Alcohol
EMAIL ADDRESS:				
	EASE ALSO VISIT OUR WEBSITE AND ENTI	R YOUR EMAIL ADDRE	SS	
	ICENSED PREMISES:			
FIRST FLOOR ENTR CELLAR USED FOR	ANCE FRONT AND REAR; S STORAGE ONLY	IDE ENTRANCE	FOR RECEIVING O	NLY.
SIGNED BY:	s are now open for business (If Individual, Partner or Authorize			
DATE:	TELEPHONE NUMBER		EMPLOYER IDENTIFICA tte: <u>NOT</u> Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain		LOCA By:	L LICENSING AUTH	HORITY
(montplo)	- /			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 100800038		CITY OR TOWN	RANDOLP	PH
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	P.F.B., INC.				
DOING BUSINESS	A CAFFE BE	LLA			
ADDRESS 19 WAR	REN STREET	•			
CITY/TOWN: RAI	NDOLPH	STATE: MA	ZIP CODE:	02368	
MANAGER: BAR PAT	RNES, RICK F.	TYPE OF LICENSE: Re	staurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		<u>.</u>
DESCRIPTION OF	LICENSED PE	REMISES:			
1750 SQ FT OF DIN AND EXITS	VING SPACE I	NCLUDING 500 SQ FT (OF KITCHEN SPAC	E. 2 ENTRA	ANCES
3. the premi		en for business (If not explanation) Partner or Authorized Corp	<u> </u>		
DATE:	TELEI	PHONE NUMBER:			TON NUMBER: ecurity Number)
Acts of 2004, signe	d by the buildi	ve are in possession (1) thing inspector and the healiquor liability insurance	d of the fire depart	ment for the	above named
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: [(If disapproved expl	 ain)				
(alsappio , ca expi	/				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 100800043		CITY OR TOWN	RANDOLPH	
APPLICATION FO	R RENEWAL:	Annual CLASS	LICEN	SED FOR 2013 YI	B BAR
LICENSEE NAME: DOING BUSINESS ADDRESS 0007-9 \$	A ROCCO'S TAVER	N			
CITY/TOWN: RAI	NDOLPH	STATE: MA	ZIP CODE:	02368	
MANAGER: FED DI	ERICO, PAUL TYPE	OF LICENSE: Res	staurant CA	ATEGORY: A	All Alcohol
EMAIL ADDRESS:					
PEG CD ID MICH OF	PLEASE ALSO VISIT OUR WEBS		MAIL ADDRESS		
	LICENSED PREMISE wo egresses, one in from		ne in rear. Exterior	deck for bevera	ige
2. the licens	red license will be of the see has complied with all ses are now open for bu Individual, Partner of	ll laws of the Comrusiness (If not expla	nonwealth relating to		
DATE:	TELEPHONE	NUMBER:		IDENTIFICATIO	
Acts of 2004, signe	d, attest that we are ir d by the building insp certificate of liquor lia	ector and the head	l of the fire departr	nent for the ab	ove named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICENS By:	ING AUTHOR	ITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 100800046		CITY OR TOWN	RANDOLPH
APPLICATION FOI	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	OUTBACK STE	AKHOUSE OF FL	ORIDA, LLC	
DOING BUSINESS	A			
ADDRESS 45 MAZ	ZEO DRIVE			
CITY/TOWN: RAN	NDOLPH	STATE: M	ZIP CODE:	02368
MANAGER:	T	YPE OF LICENSE:	Restaurant C.	ATEGORY: All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF		WEBSITE AND ENTER YOU IISES:	JR EMAIL ADDRESS	
2. the licens	red license will be o	of the same type for th all laws of the Co	the same premises now ommonwealth relating to xplain below)	
SIGNED BY:	Individual, Partn	er or Authorized Co	orporate Officer	
DATE:	TELEPHO	NE NUMBER:	EMPLOYER	R IDENTIFICATION NUMBER:
			(Note: NOT Ind	lividual Social Security Number)
Acts of 2004, signed	d by the building i	nspector and the l	nead of the fire departs	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED: [(If disapproved explain	 ain)			
(ii disupproved expre	<i>)</i>			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUN	MBER: 100800048		CITY OR	TOWN	RANDOLP	Ή
APPLICATION	N FOR RENEWAL:	Annual		LICENS	SED FOR 20	013
		CLASS				YEAR
DOING BUSIN		CRAWFORD VETERA	NS ASSOCIA	ATION, I	NC	
CITY/TOWN:	RANDOLPH	STATE: MA	ZIP C	ODE:	02368	
MANAGER:	Chobanian, Mark	TYPE OF LICENSE:R	estaurant	CA	TEGORY:	All Alcohol
EMAIL ADDR	ESS:					
		UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS			
ONE STORY I		EMISES: MS, ONE EXIT ON HIG OF BLDG, ONE ROO			THREE IN	REAR OF
1. the 1 2. the 1	licensee has complied premises are now oper	e of the same type for the with all laws of the Conn for business (If not expertner or Authorized Corporation)	nmonwealth r	relating to		
DATE:	TELEPI	HONE NUMBER:				TION NUMBER: ecurity Number)
Acts of 2004,	signed by the buildin	e are in possession (1) t g inspector and the he uor liability insurance	ad of the fire	e departn	nent for the	above named
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL By:	LICENS	ING AUTHO	ORITY
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 100800049		CITY OR TOWN	RANDOLPH
APPLICATION	FOR RENEWAL	: Annual	LICENSI	ED FOR 2013
		CLASS		YEAR
LICENSEE NAM	ME: RSD GROU	JP, INC.		
DOING BUSINI	ESS A RICK'S C	AFE & PIZZERIA		
ADDRESS 63 M	IAZZEO DRIVE			
CITY/TOWN:	RANDOLPH	STATE: MA	ZIP CODE:	02368
	OOHERTY, RICHARD S.	TYPE OF LICENSE:	Restaurant CA	ΓEGORY: All Alcohol
EMAIL ADDRE	ESS:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
	OF LICENSED P			
and kitchen prep		aza. Dining area, lounge, ace and additional exits in ce	* ·	
I hereby certify a	and swear under pe	enalties of perjury that:		
1. the re	newed license wil	l be of the same type for the	he same premises now li	censed;
2. the lie	censee has compli-	ed with all laws of the Cor	nmonwealth relating to	taxes; and
3. the pr	remises are now of	pen for business (If not ex	plain below)	
SIGNED BY:	To died description	Doute an an Authorized Con	was made Officers	
	individual,	Partner or Authorized Cor	porate Officer	
DATE:	TELE	EPHONE NUMBER:	EMPLOYER I	DENTIFICATION NUMBER:
	ILL	I HONE WONDER.	(Note: NOT Indiv	idual Social Security Number)
Acts of 2004, si	gned by the build	we are in possession (1) ling inspector and the he liquor liability insurance	ad of the fire departm	ent for the above named
Please Check Below	<u>:</u>		LOCAL LICENSI	NG AUTHORITY
APPROVED:			By:	
DISAPPROVED				
(If disapproved e	explain)			
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBEK: 100800050		CITY OR TOWN RANDOL	ZPП
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
DOING BUSI	AME: LINH LIQU NESS A NORTH R. 65 NORTH MAIN S	ANDOLPH PLAZA LIQU	JORS	
	RANDOLPH	STATE: MA	ZIP CODE: 02368	
MANAGER:	HUYNH, KIMBERLY	TYPE OF LICENSE:Pa		: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PI	REMISES:		
2. the	licensee has complie premises are now op			ı
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Please Check Beld APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING AUTH By:	HORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 100800052		CITY OR TOWN RAND	OCLPH
APPLICATIO	ON FOR RENEWAL:	Annual	LICENSED FO	R 2013
		CLASS		YEAR
DOING BUSI	AME: PKB, INC	ARIETY STORE		
	MAZZEO DRIVE			
CITY/TOWN	: RANDOLPH	STATE: MA	ZIP CODE: 02368	3
MANAGER:	PATEL, MADHUBEN R.	TYPE OF LICENSE:Pa	ckage Store CATEGOI	RY: All Alcohol
EMAIL ADD	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTIO	ON OF LICENSED PE	REMISES:		
2. the	e licensee has complie e premises are now ope			
	,	·		
DATE:	TELEI	PHONE NUMBER:	EMPLOYER IDENTIF (Note: <u>NOT</u> Individual So	
Please Check Bel			LOCAL LICENSING AU	JTHORITY
APPROVED:			By:	
DISAPPROV. (If disapprove				
(11 disappiove				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

C	CITY OR TOWN RANDO	LPH
Annual	LICENSED FOR	2013
CLASS		YEAR
STAURANT CORP.		
RICK OVEN RISTORA	NTE	
STATE: MA	ZIP CODE: 02368	
PE OF LICENSE: Resta	urant CATEGORY	Y: All Alcohol
EBSITE AND ENTER YOUR EMA	IL ADDRESS	<u></u>
		ERY –
business (If not explain	ı below)	d
IE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Social	
spector and the head o	of the fire department for the	he above named
	LOCAL LICENSING AUT	HORITY
	By:	
	Annual CLASS STAURANT CORP. RICK OVEN RISTORA STATE: MA STATE: MA PE OF LICENSE: Resta TEBSITE AND ENTER YOUR EMAIN ENTER SES: TCHEN, ONE MAIN ENTER ENTERANCES/EXIT Is of perjury that: It he same type for the same and laws of the Common business (If not explain the same type for the same and the same type for the same and laws of the Common business (If not explain the same type for the same and laws of the Common business (If not explain the same type for the same and laws of the Common business (If not explain the same type for the same and laws of the Common business (If not explain the same type for the same and laws of the Common business (If not explain the same type for the same and laws of the Common business (If not explain the same type for the same type for the same and laws of the Common business (If not explain the same type for	Annual CLCENSED FOR CLASS STAURANT CORP. RICK OVEN RISTORANTE STATE: MA ZIP CODE: 02368 PE OF LICENSE: Restaurant CATEGORY TEBSITE AND ENTER YOUR EMAIL ADDRESS SES: TCHEN, ONE MAIN ENTR- ANCE, ONE DELIVER ENTERANCES/EXITS; ONE BAR. Is of perjury that: It he same type for the same premises now licensed; in all laws of the Commonwealth relating to taxes; and business (If not explain below) To ror Authorized Corporate Officer WE NUMBER: EMPLOYER IDENTIFIC (Note: NOT Individual Social Property of the Spector and the head of the fire department for the Liability insurance required by Chapter 116 of the LOCAL LICENSING AUT



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 100800055		CITY OR TOWN	RANDOLPH	
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YEAF	₹
	ME: PADMAVATI, ESS A THE CORNE				
ADDRESS 1065	NORTH MAIN STI	REET			
CITY/TOWN:	RANDOLPH	STATE: MA	ZIP CODE:	02368	
	MEHTA, MAYURIKA M.	TYPE OF LICENSE:P	ackage Store CA	ATEGORY: All A	Alcohol
EMAIL ADDRE	ESS:				
DESCRIPTION	PLEASE ALSO VISIT OF OF LICENSED PRE	UR WEBSITE AND ENTER YOUR EMISES:	EMAIL ADDRESS		
1. the re 2. the lie	censee has complied	lties of perjury that: e of the same type for the with all laws of the Con for business (If not exp	nmonwealth relating to		
SIGNED BY:	Individual, Par	tner or Authorized Corp	oorate Officer		
DATE:	TELEPH	IONE NUMBER:		R IDENTIFICATION NU	
Please Check Below APPROVED: [DISAPPROVED: (If disapproved e	D:		LOCAL LICENS By:	SING AUTHORITY	<i></i>
DATE:					
APPLICATION FOR R	ENEWAL MUST BE FILED	BY LICENSEES DURING THE	MONTH OF NOVEMBER (M	i.G.L. Ch. 138 \$ 16A)	



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	K: 100800056		CITY OR TOW	N KANDULI	TH .
APPLICATION FO	R RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	TRIMURTI COR	PORATION			
DOING BUSINESS	A JAY'S MARKE	Γ			
ADDRESS 398 SOU	JTH MAIN ST				
CITY/TOWN: RAI	NDOLPH	STATE: MA	ZIP CODE:	02368	
MANAGER: NAI BHU	K, TY JPENDRA G	PE OF LICENSE:Pa	ckage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREM	ISES:			
	ACE. THE PREM	D SMALL BACK RO			
2. the licens	see has complied wit	f the same type for the h all laws of the Com r business (If not exp	monwealth relatin		
SIGNED BY:	Individual, Partne	er or Authorized Corp	orate Officer		
DATE:	TELEPHO	NE NUMBER:		YER IDENTIFICAT	
Please Check Below: APPROVED:			LOCAL LICE By:	NSING AUTH	ORITY
DISAPPROVED: [<i>D</i> ₃ .		
(If disapproved expl	ain)				
			-		
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100800057		CITY OR TOWN	RANDOLPH	
APPLICATION FOR RENEWAL:	Annual CLASS	LICEN	SED FOR 2013 YEAR	
LICENSEE NAME: GUM LEI LO DOING BUSINESS A CHINA CHE ADDRESS 0006-8 MAZZEO DRIV	I, INC EF		ILAK	
CITY/TOWN: RANDOLPH	STATE: MA	ZIP CODE:	02368	
MANAGER: CHEN, SHI QUN	TYPE OF LICENSE: Rest	aurant CA	ATEGORY: All Alcohol	
	OUR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS		
PART OF STRIP MALL LOCATED MEANS OF EGRESS/ACCESS AT	O ON THE FIRST FLOOR		38X58 WITH TWO	
I hereby certify and swear under pena 1. the renewed license will b 2. the licensee has complied 3. the premises are now open SIGNED BY:	be of the same type for the s with all laws of the Comme	onwealth relating to		
	rtner or Authorized Corpor	ate Officer		
DATE: TELEP	HONE NUMBER:		IDENTIFICATION NUMBER:	
We the undersigned, attest that we Acts of 2004, signed by the buildin license and (2) the certificate of liq	g inspector and the head	of the fire departr	nent for the above named	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY	
DATE:		_		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	100800058		CITY OR TOWN	RANDOLP	PH
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	TONY TUAN DO				
DOING BUSINESS A	A PHO SO I BOSTO	N			
ADDRESS 51 MEMO	ORIAL PARKWAY				
CITY/TOWN: RAN	DOLPH	STATE: MA	ZIP CODE:	02368	
MANAGER: TONY	TUAN DO TYPI	E OF LICENSE: Re	estaurant C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WEE	SSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF L					
PREMISES IN SHAV FRONT DOOR AND					ONE
	e has complied with a es are now open for b	usiness (If not exp	lain below)		
DATE:	TELEPHONE	NUMBER:			TION NUMBER:
We the undersigned Acts of 2004, signed license and (2) the co	by the building insp	ector and the hea	d of the fire depart	ment for the	above named
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explai	11)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUN	MBER: 100800062		CITY OR TOWN	RANDOLPH
APPLICATION	N FOR RENEWAL:	Annual	LICENS	ED FOR 2013
		CLASS		YEAR
LICENSEE NA	ME: NAI ENTER	TAINMENT HOLDINGS	S LLC	
DOING BUSIN	NESS A SHOWCAS	SE CINEMA		
ADDRESS 73	MAZZEO DRIVE			
CITY/TOWN:	RANDOLPH	STATE: MA	ZIP CODE:	02368
MANAGER:	HAMMOND, SHANNON	TYPE OF LICENSE:R	estaurant CA	TEGORY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT	TOUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED P	REMISES:		
WITHIN LARG	GE CINEMA COM	MS 12 & 13 AND LOWE PLEX.AFFECTED SEAT NT AND REAR ACCESS,	ING AREAS WOULD	BE SERVICED BY
I hereby certify	and swear under pe	nalties of perjury that:		
1. the r	enewed license will	be of the same type for th	e same premises now l	icensed;
2. the l	icensee has complie	ed with all laws of the Com	nmonwealth relating to	taxes; and
3. the p	premises are now op	en for business (If not exp	lain below)	
SIGNED BY:			0.55	
	Individual, F	Partner or Authorized Corp	orate Officer	
DATE:	TELE	DHONE MUMBED.	EMPI OYER	IDENTIFICATION NUMBER:
	IELE	PHONE NUMBER:		vidual Social Security Number)
Acts of 2004, s	signed by the build	we are in possession (1) the ing inspector and the head iquor liability insurance	nd of the fire departm	ent for the above named
Please Check Belo		1		NG AUTHORITY
APPROVED:			By:	NO AUTHORITT
DISAPPROVE	D:		2).	
(If disapproved	explain)		-	
D 4 775				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 100800063		CITY OR TOWN RANDOL	.PH	
APPLICATIO:	N FOR RENEWAL	.: Annual	LICENSED FOR 2	2013	
		CLASS		YEAR	
DOING BUSI		NT WINE COMPANY IN EET	íC.		
CITY/TOWN:	RANDOLPH	STATE: MA	ZIP CODE: 02368		
MANAGER:	BROWNE, STEPHANIE	TYPE OF LICENSE:Pa	ackage Store CATEGORY:	: Wine and Malt Regular	
EMAIL ADDI	RESS:				
	PLEASE ALSO VIS	IT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTIO	N OF LICENSED F	PREMISES:			
	OF SPACE, 15500 AND WALK IN C		WITH HANDICAPPED EQUIF	PPED	
	premises are now o	pen for business (If not exp			
DATE:	TELI	EPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number)		
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUTH By:	HORITY	
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 100800064		CITYO	JK TOWN	KANDULF	П
APPLICATION FOR	RENEWAL:	Annual		LICEN	ISED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS A		JILDING ASSOCI	ATION, INC	2		
ADDRESS 25 TEED		OTATE.	(A 7ID	CODE	02260	
CITY/TOWN: RAN				CODE:	02368	
MANAGER: LANI	E, MICHAEL T	YPE OF LICENSE	:Restaurant	С	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
		WEBSITE AND ENTER YO	UR EMAIL ADDRF	ESS		
DESCRIPTION OF I						
2FLOORS; 1ST FLR MECHANICAL. 2 FL EXITS FRONT, REA	LR; MAIN HALL					AND
I hereby certify and s	wear under penalti	es of perjury that:				
1. the renewe	ed license will be o	of the same type for	the same pre	emises now	licensed;	
2. the license	e has complied wi	ith all laws of the C	ommonwealt	th relating t	to taxes; and	
3. the premis	es are now open fo	or business (If not e	explain below	v)		
SIGNED BY:	Individual, Partn	er or Authorized C	orporate Offi	icer		
	, , , , , , , , , , , , , , , , , , , ,					
DATE:	TEI EDHC	ONE NUMBER:		EMPLOYE	R IDENTIFICAT	TION NUMBER:
	TELEFTIC	ME NUMBER.	(No			ecurity Number)
We the undersigned Acts of 2004, signed license and (2) the c	by the building i	inspector and the	head of the f	ire depart	ment for the	above named
Please Check Below:			LOCA	AL LICENS	SING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved expla	in)					
DATE:						
APPLICATION FOR RENEW	AL MUST BE FILED BY	LICENSEES DURING T	HE MONTH OF N	OVEMBER (N	И.G.L. Ch. 138 \$ 16	6A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	00800065		CITY OI	R TOWN	RANDOLF	PH
APPLICATION FOR R	ENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS	S			YEAR
LICENSEE NAME: R	AWSHON B&W ,	INC.				
DOING BUSINESS A	RICHDALE CON	VENIENCE S'	ΓORE			
ADDRESS 22 SOUTH	MAIN STREET					
CITY/TOWN: RANDO	OLPH	STATE:	MA ZIP (CODE:	02368	
MANAGER: ALAM,	SUNNY A. TYPI	E OF LICENSI	E:Package Stor	e Ca	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
PLE	ASE ALSO VISIT OUR WEI	BSITE AND ENTER Y	OUR EMAIL ADDRES	S		_
DESCRIPTION OF LIC	CENSED PREMIS	ES:				
RETAIL SPACE CONS COMMERCIAL STRIF FRONT AND REAR.						
I hereby certify and swe	ar under penalties	of perjury that:				
	license will be of th		or the same prei	nises now	licensed;	
2. the licensee l	has complied with a	all laws of the	Commonwealth	relating to	o taxes; and	
3. the premises	are now open for b	ousiness (If not	explain below))		
SIGNED BY:						
I	ndividual, Partner o	or Authorized (Corporate Offic	er		
DATE:	TELEPHONE	E NUMBER:				ΓΙΟΝ NUMBER:
			(Not	te: <u>NOT</u> Inc	lividual Social S	Security Number)
Please Check Below:			LOCAL	LICENS	SING AUTHO	∩RITV
APPROVED:			By:	L LICLIAN	nivo AUTIN	ORITI
DISAPPROVED:			3			
(If disapproved explain))					
DATE.						
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 100800066		CITY OR TOWN	RANDOLF	РН	
APPLICATION FO	R RENEWAL:	Annual	Annual LICENSED FOR 2013			
		CLASS			YEAR	
LICENSEE NAME	: 1395 BEER W	TNE INC.				
DOING BUSINESS	S A RICHDALE	FOOD SHOPS				
ADDRESS 1395 N	ORTH MAIN ST	REET				
CITY/TOWN: RA	NDOLPH	STATE: M	A ZIP CODE:	02368		
MANAGER: RAS	SHID, HARUN	TYPE OF LICENSE:	Package Store C	ATEGORY:	Wine and Malt Regular	
EMAIL ADDRESS	:					
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOU	TR EMAIL ADDRESS		_	
DESCRIPTION OF						
	ROPERTYSTO		ED IN MULTI UNIT B RY AND HAS ACCES			
I hereby certify and	swear under pena	lties of perjury that:				
1. the renev	wed license will be	e of the same type for	the same premises now	licensed;		
2. the licen	see has complied	with all laws of the Co	ommonwealth relating t	o taxes; and		
3. the prem	ises are now open	n for business (If not e	xplain below)			
SIGNED BY:	Individual, Par	rtner or Authorized Co	orporate Officer			
DATE:	TELEPH	HONE NUMBER:	EMPLOYE	EMPLOYER IDENTIFICATION NUMBER:		
			(Note: NOT Inc	(Note: NOT Individual Social Security Number)		
DI CI I D I						
Please Check Below: APPROVED:				LOCAL LICENSING AUTHORITY		
DISAPPROVED:			By:			
(If disapproved exp	lain)		-			
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100800067		CITY OR TOWN	RANDOLP	PH					
APPLICATION FOR RENEWAL:	OR RENEWAL: Annual LICENSED FOR 20)13					
	CLASS			YEAR					
LICENSEE NAME: 1050 N MAIN GR	OUP LLC								
DOING BUSINESS A THE LODGE RI	ESTAURANT & GR	ILL							
ADDRESS 1064 NORTH MAIN STREE	ET								
CITY/TOWN: RANDOLPH	STATE: MA	ZIP CODE:	02368						
MANAGER: HAWLE, ADAM TY	PE OF LICENSE: Re	estaurant C.	ATEGORY:	All Alcohol					
EMAIL ADDRESS:									
DESCRIPTION OF LICENSED PREMISES: RESTAURANT AND BAR OPERWTING ONE STORY BUILDING KITCHEN IN REAR, BASEMENT STORAGE. OCCUPACY NUMBER 180 SEATING 125 I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer									
DATE: TELEPHON	NE NUMBER:		EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)						
We the undersigned, attest that we are Acts of 2004, signed by the building in license and (2) the certificate of liquor	spector and the hea	ıd of the fire departı	ment for the	above named					
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	SING AUTHO	ORITY					
DATE:									